



Application for Employment				
Date of Application				
Last Name	First Name	Middle Name		
Street Address				
City	State	Zip Code		
Phone Number				
<u>Type of work desired</u> (circle one)				
EMT-P	EMT-B	Livery	Business Office	Other

Please read carefully and complete by printing in ink or typing.

Provide all information requested. Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Jackson County Ambulance is an equal opportunity employer, and we do not discriminate on the basis of race, color, religion, creed, national origin, ancestry, sex, sexual orientation, gender identity, pregnancy, age, disability, marital status, military status, veteran status, unfavorable discharge from military service, status as a recipient of an order of protection, genetic information, citizenship status, arrest record, or any other status protected by federal or state law. Information provided on this application will not be used for any discriminatory purpose.

Applicants applying for Emergency Response positions must be at least 21 years of age to drive Emergency Vehicles.

Are you at least 21 years of age? YES ____ NO ____

Employment Record

Starting with present or most recent, list all previous employers, including self-employment and summer and part-time jobs. If more space is required, you may continue on a separate sheet. You may attach resume, but complete application as well.

Last or Present Employer	Type of Business	Title or Job Classification
Street Address	Phone No.	Description of job duties
City	State	Zip Code
Supervisor's name and title		
Phone Number	Dates Worked	
Reason for leaving		Do we have permission to contact this employer?

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Last or Present Employer	Type of Business	Title or Job Classification
Street Address	Phone No.	Description of job duties
City	State	Zip Code
Supervisor's name and title		
Phone Number	Dates Worked	
Reason for leaving		Do we have permission to contact this employer?
Last or Present Employer	Type of Business	Title or Job Classification
Street Address	Phone No.	Description of job duties
City	State	Zip Code
Supervisor's name and title		
Phone Number	Dates Worked	
Reason for leaving		Do we have permission to contact this employer?

School Name	Location	Major	Was a diploma or degree awarded?
High School			
Technical/Trade			
College			
Other			

Special Skills

This can include office/clerical work as well as any EMS training (I.e, Hazmat, Ops, Tactical etc.)

Specific Training	Was the training completed?	Location of Training

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U.S. Military Record

Branch of Service:
Present Military Affiliations:
<i>None</i> ____ <i>Reserve (active)</i> ____ <i>Reserve (inactive)</i> ____
Special applicable training while in the military:

Miscellaneous

Were you previously employed by Jackson County? If yes. When and where:
Do you have friends/relatives that are currently employed by Jackson County Ambulance?
Are you legally authorized to work in the United States?
YES ____ No ____
Would you be willing to work other than a day shift?
YES ____ No ____

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Professional Work References

List two previous supervisors and one person not related to you with knowledge of your qualifications for the position for which you are applying that we have permission to contact.

Name	Title	Address	Phone #	Occupation

Additional
When are you available for work? _____

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Certification/Employment Conditions

I hereby certify that the answers and other information on this application are true and that any misrepresentation or omission of facts on my part may result in elimination from consideration or may result in discipline or termination if I am hired. If an offer of employment is made to me, I understand that the offer may be contingent upon receipt of pertinent information or testing. I understand that if I am hired, my employment will be at will which means that either the employer or I may terminate the employment relationship at any time with or without cause or notice.

I authorize Jackson County Ambulance to investigate and verify all data provided in my application for employment, related papers, or oral interviews. I authorize Jackson County Ambulance to contact the references that I have provided as well as my past and current employers (if I have granted such permission in response to the questions above).

I understand and agree that I may be required to take a physical examination, at the employer's expense, where job-related and consistent with business necessity to determine if I am fit to perform the essential functions of the job, and authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job I am being considered for after a contingent offer of employment has been made or at any time in the future during my employment with this employer.

I understand that if I will be performing any safety-sensitive functions then any offer of employment is contingent upon my successfully passing a drug screening test at the request of Jackson County Ambulance Service. If I am offered employment, I agree to comply with Jackson County Ambulance Service's drug-free workplace policy and testing policy. A refusal to be tested shall be considered a voluntary withdrawal of my application for employment.

I further understand that this is an application for employment and no offer of employment has been made.

_____/____/____
Name **Date**

Signature_____

This page is for office use only

	Reference Verification (Office Use Only)
Employer	Employer
Comments:	Date Called
	Verified Valid ____ Invalid ____
	Comments:
	Reference Verification (Office Use Only)
Employer	Employer
Comments:	Date Called
	Verified Valid ____ Invalid ____
	Comments:
	Reference Verification (Office Use Only)
Employer	Employer
Comments:	Date Called
	Verified Valid ____ Invalid ____
	Comments:

References Continued-Office Use Only

	Reference Verification (Office Use Only)
Employer	Employer
Comments:	Date Called
	Verified Valid ____ Invalid ____
	Comments:
	Reference Verification (Office Use Only)
Employer	Employer
Comments:	Date Called
	Verified Valid ____ Invalid ____
	Comments:

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Signature (Supervisor/Captain) _____ Date ____/____/____